

SERFF Tracking Number: TRVE-125247463 State: Arkansas
 First Filing Company: St. Paul Fire and Marine Insurance Company, ... State Tracking Number: AR-PC-07-025645
 Company Tracking Number: 2007-07-0001
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
 Product Name: NAHU Prof Liability Form Filing 2007-07-0001
 Project Name/Number: NAHU Prof Liability Form Filing 2007-07-0001/2007-07-0001

Filing at a Glance

Companies: St. Paul Fire and Marine Insurance Company, St. Paul Mercury Insurance, St. Paul Guardian Insurance Company

Product Name: NAHU Prof Liability Form Filing SERFF Tr Num: TRVE-125247463 State: Arkansas
 2007-07-0001

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: AR-PC-07-025645
 Made/Occurrence

Sub-TOI: 17.0000 Other Liability Sub-TOI Co Tr Num: 2007-07-0001 State Status:
 Combinations

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith
 Roberts, Brittany Yielding

Authors: Socorro Armstrong, Disposition Date: 11/06/2007

Theresa Lavenburg, Michelle Smith
 Cotto, Celina Caez

Date Submitted: 07/31/2007 Disposition Status: Approved

Effective Date Requested (New): 08/29/2007 Effective Date (New):

Effective Date Requested (Renewal): 08/29/2007 Effective Date (Renewal):

General Information

Project Name: NAHU Prof Liability Form Filing 2007-07-0001

Project Number: 2007-07-0001

Reference Organization:

Reference Title:

Filing Status Changed: 11/06/2007

State Status Changed: 07/31/2007

Corresponding Filing Tracking Number:

Filing Description:

2007-07-0001

Forms Filing

Professional Liability

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

St. Paul Guardian Insurance Company 24775-3548

SERFF Tracking Number: TRVE-125247463 State: Arkansas

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St. Paul Fire and Marine Insurance Company 24767-3548

St. Paul Mercury Insurance Company 24791-3548

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our Gulf Life and Health Insurance Agents and Brokers Professional Liability program. This filing consists of optional endorsements that are available to all eligible policyholders. These new endorsements do not have any rating impact.

Enclosures and Implementation

The following are enclosed to facilitate your review:

- Form listing and final prints of each form.
- Any applicable state filing forms and fees.

Company and Contact

Filing Contact Information

Michelle Smith Cotto, Regulatory Analyst MSMITHCO@travelers.com
 One Tower Square (860) 277-2345 [Phone]
 Hartford, CT 06183 (860) 235-4951[FAX]

Filing Company Information

St. Paul Fire and Marine Insurance Company	CoCode: 24767	State of Domicile: Minnesota
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-4045 ext. [Phone]	FEIN Number: 41-0406690	

St. Paul Mercury Insurance	CoCode: 24791	State of Domicile: Minnesota
One Tower Square, 2S2B	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-4045 ext. [Phone]	FEIN Number: 41-0881659	

St. Paul Guardian Insurance Company	CoCode: 24775	State of Domicile: Minnesota
One Tower Square, 2S2B	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-4045 ext. [Phone]	FEIN Number: 41-0963301	

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
St. Paul Fire and Marine Insurance Company	\$50.00	07/31/2007	14861266
St. Paul Guardian Insurance Company	\$0.00	07/31/2007	
St. Paul Mercury Insurance	\$0.00	07/31/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/06/2007	11/06/2007

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Edith Roberts	08/28/2007	08/28/2007	Celina Caez	10/16/2007	10/16/2007
Pending Industry Response	Edith Roberts	08/01/2007	08/01/2007	Celina Caez	08/24/2007	08/24/2007

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Disposition

Disposition Date: 11/06/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Product Name: NAHU Prof Liability Form Filing 2007-07-0001

Project Name/Number: NAHU Prof Liability Form Filing 2007-07-0001/2007-07-0001

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Response Letter	Approved	Yes
Supporting Document	IA089 Ed. 9-04	Approved	Yes
Supporting Document	Rate Pages	Approved	Yes
Supporting Document	Consent Form	Approved	Yes
Supporting Document	Response Letter	Approved	Yes
Form	Limits of Coverage Endt. - With Limitation for Services Performed Prior to the Limits of Coverage Increase Date - Defense Costs Within the Limit of Liability	Approved	Yes
Form	Limits of Coverage Endorsement – With Limitation for Services Performed Prior to the Limits of Coverage Increase Date – Defense Costs in Addition to the Limits of Liability	Approved	Yes
Form	Predecessor Firm Endorsement	Approved	Yes
Form	Specific Entity/Individual Retroactive Date Endorsement	Approved	Yes
Form	Property/Casualty Retroactive Date Endorsement	Approved	Yes
Form	Mutual Fund Coverage Retroactive Date Endorsement	Approved	Yes
Form	Office Space Sharing Exclusion	Approved	Yes
Form	Prior Acts Change Endorsement	Approved	Yes
Form	ARKANSAS AMENDATORY ENDORSEMENT	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/28/2007
Submitted Date 08/28/2007
Respond By Date

Dear Michelle Smith Cotto,

Thank you for your response to our objection letter.

I am sorry to say, but the new form IA 089 Ed. 9-04 raises a new objection. Please refer to page 1, second column last paragraph and to page 2, first column, last paragraph continuing to top of second column. It is stated, "As a condition to purchase ...total premium for this policy must have been paid" and second page, ""Monies received shall first be applied to premium owing and will not take effect until the premium owing is paid in full..."

Both the basic extended reporting period which is mandatory and automatic and the supplemental ERP must be offered and put into effect once premium is received upon termination of the policy for any reason, by the insurer or the insured, including non-payment of premium or deductibles or reimbursements that are owed (AR Code Anno. § 23-79-306 (3 & 4)).

Premium received in payment for the Optional Extended Reporting Period may not be first applied to premium owed on an expiring or terminating policy, or to deductible or reimbursements that are owed.

This endorsement cannot be accepted for amended of the limits because of this added problem.

Thanks,
Edith

AR Code Anno. 23-79-306 (1-6)

Please feel free to contact me if you have questions.

Sincerely,
Edith Roberts

Response Letter

SERFF Tracking Number: TRVE-125247463 State: Arkansas

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Product Name: NAHU Prof Liability Form Filing 2007-07-0001

Project Name/Number: NAHU Prof Liability Form Filing 2007-07-0001/2007-07-0001

Response Letter Status Submitted to State

Response Letter Date 10/16/2007

Submitted Date 10/16/2007

Dear Edith Roberts,

Comments:

Response 1

Comments: Please review the following attachments.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment:

Satisfied -Name: Response Letter

Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
ARKANSAS	IA089		Endorsement/Amendment	New		0	IA089F_1
AMENDATORY	Rev. 10-		/Conditions				007.pdf
ENDORSEMENT	07						

No Rate/Rule Schedule items changed.

Sincerely,

Celina Caez, Michelle Smith Cotto, Socorro Armstrong, Theresa Lavenburg

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Project Name/Number: NAHU Prof Liability Form Filing 2007-07-0001/2007-07-0001

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/01/2007
Submitted Date 08/01/2007
Respond By Date
Dear Michelle Smith Cotto,
Re: Life and Health/Brokers Professional Form Filing

This will acknowledge receipt of the captioned filing.

Please refer to Forms I A116 Ed 7-07 and I A117 Ed 7-07. The limits of liability for the optional Extended Reporting Period must comply with AR Code Anno 23-79-306 (6) and must be the greater of the limit remaining or reinstated to 50% of the expiring policy aggregate.

Defense within the limits of liability may be approved subject to AID exemption Order # 2000-169. Please also confirm that these would apply to risks with limits of \$1,000,000 or greater and that a signed consent form acknowledging defense expenses reducing the LOL.

Please amend.

Please feel free to contact me if you have questions.
Sincerely,
Edith Roberts

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/24/2007
Submitted Date 08/24/2007

Dear Edith Roberts,

Comments:

Response 1

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Comments: Please review the following attachments.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Response Letter

Comment:

Satisfied -Name: IA089 Ed. 9-04

Comment:

Satisfied -Name: Rate Pages

Comment:

Satisfied -Name: Consent Form

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Celina Caez, Michelle Smith Cotto, Socorro Armstrong, Theresa Lavenburg

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Limits of Coverage Endt. - With Limitation for Services Performed Prior to the Limits of Coverage Increase Date - Defense Costs Within the Limit of Liability	IA116 Ed. 07-07		Endorsement/Amendment/Conditions		0.00	IA116V_0707.pdf
Approved	Limits of Coverage Endorsement – With Limitation for Services Performed Prior to the Limits of Coverage Increase Date – Defense Costs in Addition to the Limits of Liability	IA117 Ed. 07-07		Endorsement/Amendment/Conditions		0.00	IA117V_0707.pdf
Approved	Predecessor Firm Endorsement	IA118 Ed. 07-07		Endorsement/Amendment/Conditions		0.00	IA118V_0707.pdf
Approved	Specific Entity/Individual Retroactive Date Endorsement	IA119 Ed. 07-07		Endorsement/Amendment/Conditions		0.00	IA119V_0707.pdf
Approved	Property/Casualty Retroactive Date	IA120 Ed. 07-07		Endorsement/Amendment		0.00	IA120V_0707.pdf

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Product Name: NAHU Prof Liability Form Filing 2007-07-0001

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Endorsement			ent/Condi ons		
Approved	Mutual Fund Coverage Retroactive Date Endorsement	IA121 Ed. 07-07	Endorseme New nt/Amendm ent/Condi ons	0.00	IA121V_070 7.pdf
Approved	Office Space Sharing Exclusion	IA122 Ed. 07-07	Endorseme New nt/Amendm ent/Condi ons	0.00	IA122F_070 7.pdf
Approved	Prior Acts Change Endorsement	IA123 Ed. 07-07	Endorseme New nt/Amendm ent/Condi ons	0.00	IA123V_070 7.pdf
Approved	ARKANSAS AMENDATORY ENDORSEMENT 07	IA089 Rev. 10-	Endorseme New nt/Amendm ent/Condi ons	0.00	IA089F_100 7.pdf

LIFE AND HEALTH INSURANCE AGENTS OR BROKERS PROFESSIONAL LIABILITY

POLICY NUMBER:

ISSUE DATE:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**LIMITS OF COVERAGE ENDORSEMENT - WITH LIMITATION FOR
SERVICES PERFORMED PRIOR TO THE LIMITS OF COVERAGE
INCREASE DATE - DEFENSE COSTS WITHIN THE LIMITS OF
LIABILITY**

This endorsement modifies insurance provided under the following:

LIFE AND HEALTH INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY INSURANCE COVERAGE FORM

- I. The following is added to **SECTION IV. SPECIAL PROVISIONS - LIMITS OF LIABILITY AND DEDUCTIBLE 1. (a):**

However, the maximum the Company will pay for all amounts payable under the policy in settlement or satisfaction of judgments, awards and **DEFENSE COSTS** for any one **CLAIM** arising out of any **WRONGFUL ACT** which occurred prior to the Limits of Coverage Increase Date, shown below, is further limited by the following:

The Each Claim Limit for Services Performed Prior to the Limits of Coverage Increase Date, shown below, is the maximum the Company will pay for all amounts payable under the policy in settlement or satisfaction of judgments, awards and **DEFENSE COSTS** for any one **CLAIM** arising out of a **WRONGFUL ACT**, or a series of continuous, repeated or interrelated **WRONGFUL ACTS** if any such **WRONGFUL ACT** occurred prior to the Limits of Coverage Increase Date, shown below.

For purposes of determining our Limit of Liability, all **CLAIMS** arising out of the same **WRONGFUL ACT** or a series of continuous, repeated or interrelated **WRONGFUL ACTS**, shall be considered first made at the time the earliest **CLAIM** was made and all such **CLAIMS** shall be subject to the same Limit of Liability.

- II. The following is added to **SECTION IV. - SPECIAL PROVISIONS - LIMITS OF LIABILITY AND DEDUCTIBLE (b):**

However, the maximum the Company will pay for all amounts payable under the policy in settlement or satisfaction of judgments, awards and **DEFENSE COSTS** for all **CLAIMS** (1) first made during the policy period or the optional reporting period, and (2) arising out of any **WRONGFUL ACT** which occurred prior to the Limits of Coverage Increase Date, shown below, is further limited by the following:

The Policy Aggregate Limit for Services Performed Prior to the Limits of Coverage Increase Date, shown below, is the maximum the Company will pay for all amounts payable under the policy in settlement or satisfaction of judgments, awards and **DEFENSE COSTS** for all **CLAIMS** (1) first made during the policy period or the optional reporting period, and (2) arising out of any **WRONGFUL ACT** which occurs prior to the Limits of Coverage Increase Date, shown below.

The Policy Aggregate Limit for Services Performed Prior to the Limits of Coverage Increase Date for the extended reporting period shall be a part of, and not in addition to, the Policy Aggregate Limit for Services Performed Prior to the Limits of Coverage Increase Date for the **POLICY PERIOD**.

LIMITS OF COVERAGE INCREASE DATE:

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

**PROFESSIONAL SERVICES
LIMITS OF LIABILITY:**

\$ Each Claim Limit for Services
Performed Prior to the Limits of Coverage Increase Date.

\$ Policy Aggregate Limit for Services
Performed Prior to the Limits of Coverage Increase Date.

DEFENSE COSTS are Included within the Limits of
Liability.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

LIFE AND HEALTH INSURANCE AGENTS OR BROKERS PROFESSIONAL LIABILITY

POLICY NUMBER:

ISSUE DATE:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**LIMITS OF COVERAGE ENDORSEMENT - WITH LIMITATION FOR
SERVICES PERFORMED PRIOR TO THE LIMITS OF COVERAGE
INCREASE DATE - DEFENSE COSTS IN ADDITION TO THE LIMITS
OF LIABILITY**

This endorsement modifies insurance provided under the following:

LIFE AND HEALTH INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY INSURANCE COVERAGE FORM

- I. The following is added to **SECTION IV. - SPECIAL PROVISIONS - LIMITS OF LIABILITY AND DEDUCTIBLE 1. (a):**

However, the maximum the Company will pay for all amounts payable under the policy in settlement or satisfaction of judgments and awards for any one **CLAIM** arising out of any **WRONGFUL ACT** which occurred prior to the Limits of Coverage Increase Date, shown below, is further limited by the following:

The Each Claim Limit for Services Performed Prior to the Limits of Coverage Increase Date, shown below, is the maximum the Company will pay for all amounts payable under the policy in settlement or satisfaction of judgments and awards for any one **CLAIM** arising out of a **WRONGFUL ACT**, or a series of continuous, repeated or interrelated **WRONGFUL ACTS** if any such **WRONGFUL ACT** occurred prior to the Limits of Coverage Increase Date, shown below.

For purposes of determining our Limit of Liability, all **CLAIMS** arising out of the same **WRONGFUL ACT** or a series of continuous, repeated or interrelated **WRONGFUL ACTS**, shall be considered first made at the time the earliest **CLAIM** was made and all such **CLAIMS** shall be subject to the same Limit of Liability.

- II. The following is added to **SECTION IV. - SPECIAL PROVISIONS - LIMITS OF LIABILITY AND DEDUCTIBLE (b):**

However, the maximum the Company will pay for all amounts payable under the policy in settlement or satisfaction of judgments and awards for all **CLAIMS** (1) first made during the policy period or the optional reporting period, and (2) arising out of any **WRONGFUL ACT** which occurred prior to the Limits of Coverage Increase Date, shown below, is further limited by the following:

The Policy Aggregate Limit for Services Performed Prior to the Limits of Coverage Increase Date, shown below, is the maximum the Company will pay for all amounts payable under the policy in settlement or satisfaction of judgments and awards for all **CLAIMS** (1) first made during the policy period or the optional reporting period, and (2) arising out of any **WRONGFUL ACT** which occurs prior to the Limits of Coverage Increase Date, shown below.

The Policy Aggregate Limit for Services Performed Prior to the Limits of Coverage Increase Date for the extended reporting period shall be a part of, and not in addition to, the Policy Aggregate Limit for Services Performed Prior to the Limits of Coverage Increase Date for the **POLICY PERIOD**.

LIMITS OF COVERAGE INCREASE DATE:

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

**PROFESSIONAL SERVICES
LIMITS OF LIABILITY:**

\$ **Each Claim Limit for Services**
Performed Prior to the Limits of Coverage Increase Date.

\$ **Policy Aggregate Limit for Services**
Performed Prior to the Limits of Coverage Increase Date.

DEFENSE COSTS are in Addition to the Limits of
Liability.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

LIFE AND HEALTH INSURANCE AGENTS OR BROKERS PROFESSIONAL LIABILITY

POLICY NUMBER:

ISSUE DATE:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PREDECESSOR FIRM ENDORSEMENT

This endorsement modifies insurance provided under the following:

LIFE AND HEALTH INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY INSURANCE COVERAGE FORM

In consideration of the premium paid, it is understood and agreed that the Predecessor Firm(s) listed below is (are) included as a **Named Insured** under this policy, but only with respect to **CLAIMS**:

- (a) first made during the **POLICY PERIOD** and reported to us in writing during the **POLICY PERIOD**, and
- (b) by reason of any **WRONGFUL ACT** of such **NAMED INSURED** that occurs during the applicable time period referenced below.

Predecessor Firm(s)

From:

To:

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

LIFE AND HEALTH AGENTS AND BROKERS PROFESSIONAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPECIFIC ENTITY/INDIVIDUAL RETROACTIVE DATE ENDORSEMENT

This endorsement modifies insurance provided under the following:

LIFE AND HEALTH INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY INSURANCE COVERAGE FORM

It is agreed that the following retroactive date shall apply to the following entity or individual instead of the retroactive date stated in the Declarations. This policy does

not apply to any **CLAIM** arising out of a **WRONGFUL ACT** that occurred on or before the retroactive date stated below.

Specific Entity/Individual:

Retroactive Date:

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

LIFE AND HEALTH AGENTS AND BROKERS PROFESSIONAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PROPERTY/CASUALTY RETROACTIVE DATE ENDORSEMENT

This endorsement modifies insurance provided under the following:

LIFE AND HEALTH INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY INSURANCE COVERAGE FORM

It is agreed that the following retroactive date shall apply instead of the retroactive date stated in the Declarations to any **WRONGFUL ACT** in the rendering of or failure to render such professional services as are customarily rendered by a property/casualty insurance agent or broker. This policy does

not apply to any **CLAIM** by reason of a **WRONGFUL ACT** involving the rendering of or failure to render such professional services as are customarily rendered by a property/casualty insurance agent or broker that occurred on or before the retroactive date stated below.

Property/Casualty Retroactive Date:

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

LIFE AND HEALTH AGENTS AND BROKERS PROFESSIONAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MUTUAL FUND COVERAGE RETROACTIVE DATE ENDORSEMENT

This endorsement modifies insurance provided under the following:

LIFE AND HEALTH INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY INSURANCE COVERAGE FORM

It is agreed that the following retroactive date shall apply instead of the retroactive date stated in the Declarations to any **WRONGFUL ACT** falling within the terms of the Mutual Fund Coverage Endorsement. This policy does not apply to any **CLAIM** by reason of a **WRONGFUL ACT** falling within the terms of the Mutual Fund Coverage Endorsement that occurred on or before the retroactive date stated below.

Mutual Fund Retroactive Date:

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

LIFE AND HEALTH AGENTS AND BROKERS PROFESSIONAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OFFICE SPACE SHARING EXCLUSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

LIFE AND HEALTH INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY INSURANCE COVERAGE FORM

In consideration of the premium paid, it is hereby understood and agreed that:

The following exclusion is added to section
III. EXCLUSIONS:

17. to any **CLAIM** arising solely out of a **WRONGFUL ACT** by an insurance agent or broker who shares common office space or common office facilities with an **INSURED** but who is not an **INSURED** under this policy.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

LIFE AND HEALTH INSURANCE AGENTS OR BROKERS PROFESSIONAL LIABILITY

POLICY NUMBER:

ISSUE DATE:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIOR ACTS CHANGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

LIFE AND HEALTH INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY INSURANCE COVERAGE FORM

In consideration of the premium paid, it is hereby understood and agreed that:

WRONGFUL ACTS committed prior to the inception date of this policy are covered, but only if:

- (a) Such **WRONGFUL ACTS** occurred while the **INSURED** was covered by professional liability or errors or omissions insurance which was continuously in force prior to the inception date of coverage provided by this policy;
- (b) The **INSURED** provides the Company proof of the continuously in force prior professional liability or errors or omissions insurance; and
- (c) The **INSURED** had no knowledge of any **CLAIM** arising out of any prior act as of the inception date of coverage provided by this policy.

The information below is required only when this endorsement is issued subsequent to the issuance of the policy.

Endorsement Effective Date:

Named Insured:

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARKANSAS AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

LIFE AND HEALTH INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY INSURANCE
COVERAGE FORM

Wherever used in this endorsement: 1) "we", "us", "our", and "Insurer" mean the insurance company which issued this policy; and 2) "you", "your", "named Insured", "First Named Insured", and "Insured" mean the Named Corporation, Named Organization, Named Sponsor, Named Insured, or Insured stated in the declarations page; and 3) "Other Insured(s)" means all other persons or entities afforded coverage under the policy.

Section **IV. SPECIAL PROVISIONS**, Subsection

5. OPTIONAL EXTENDED REPORTING

PERIOD, shall be deleted in its entirety and replaced with the following:

5. EXTENDED REPORTING PERIOD

If the Company or the **NAMED INSURED** cancels or refuses to renew this policy for any reason including non-payment of premium, the **NAMED INSURED** has the right, upon payment of the additional premium for an extension of the coverage granted by this policy for any **CLAIM** first made against any **INSURED** during the **POLICY PERIOD** as specified in the Declarations, but only with respect to any actual or alleged **WRONGFUL ACT** committed or allegedly committed prior to the end of the **POLICY PERIOD**.

Extension of coverage will run either for 12 months, 24 months or 36 months. Additional premium shall be 100% of the total annual premium for the 12-month extended reporting period, an additional premium of 150% of the total annual premium for the 24-month extended reporting period or 185% of the total annual premium for the 36-month extended reporting period.

If the **NAMED INSURED** is in compliance with the terms and conditions of this policy, then the **NAMED INSURED** shall have the right to an Extended Reporting Period as follows:

(a) Automatic Extended Reporting Period

The **NAMED INSURED** shall have the right to an extension of the coverage granted by this policy for any **CLAIM** first made against any Insured during the period of sixty (60) days following the end of the **POLICY PERIOD**, but only with respect to any actual or alleged **WRONGFUL ACT** committed or allegedly committed prior to the end of the **POLICY PERIOD**.

(b) Supplemental Extended Reporting Period

Upon payment of the additional premium, the **NAMED INSURED** shall have the right to an extension of the coverage granted by this policy for any **CLAIM** first made during **POLICY PERIOD**, but only with respect to any actual or alleged **WRONGFUL ACT** committed or allegedly committed prior to the end of the **POLICY PERIOD**.

The Supplemental Extended Reporting Period shall run following the end of the Automatic Discovery Period and only one aggregate Limit of Liability shall apply for the Supplemental Extended Reporting Period and the Automatic Extended Reporting Period combined. The Supplemental Extended Reporting Period does not replace the Automatic Extended Reporting Period.

The right to purchase the Supplemental Extended Reporting Period shall terminate unless written notice of the election of the Supplemental Extended Reporting Period is received by the Company by certified mail, prepaid express courier or facsimile within thirty

LIFE AND HEALTH INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY

(30) days after the end of the **POLICY PERIOD**, together with full payment of the premium for the Supplemental Extended Reporting Period. In the event that such notice and premium payment are not so given to the Company, there shall be no right to purchase the Supplemental Reporting Period at any later date.

If the Supplemental Extended Reporting Period is purchased, the entire premium for the Supplemental Extended Reporting Period shall be deemed earned at its commencement.

If the Supplemental Extended Reporting Period is purchased, the Limit of Liability shall be no less than the greater amount of coverage remaining of the expiring policy limit or reinstated to fifty percent (50%) of the aggregate Limit of Liability as shown on the Declarations Page, whichever is greater.

The Supplemental Extended Reporting Period will not take effect until the premium owing for Supplemental Extended Reporting Period is paid promptly when due.

Section **V. GENERAL CONDITIONS**, Subsection **4. ARBITRATION**, is deleted in its entirety and replaced with the following:

4. ARBITRATION

Any dispute between the **INSURED** and the Company concerning the terms and conditions of this policy may be resolved by non-binding arbitration, upon mutual agreement of both parties, in accordance with the rules then in effect of the American Arbitration Association. If the dispute shall be resolved by arbitration then the **INSURED** and the Company shall each bear their own costs of the arbitration and shall share equally the costs of the arbitrator.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

SERFF Tracking Number: *TRVE-125247463* *State:* *Arkansas*
First Filing Company: *St. Paul Fire and Marine Insurance Company, ...* *State Tracking Number:* *AR-PC-07-025645*
Company Tracking Number: *2007-07-0001*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0000 Other Liability Sub-TOI Combinations*
Product Name: *NAHU Prof Liability Form Filing 2007-07-0001*
Project Name/Number: *NAHU Prof Liability Form Filing 2007-07-0001/2007-07-0001*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVE-125247463 State: Arkansas

First Filing Company: St. Paul Fire and Marine Insurance Company, ... State Tracking Number: AR-PC-07-025645

Company Tracking Number: 2007-07-0001

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations

Product Name: NAHU Prof Liability Form Filing 2007-07-0001

Project Name/Number: NAHU Prof Liability Form Filing 2007-07-0001/2007-07-0001

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	11/06/2007
Comments:				
Attachments:				
	2007 PC NAIC Transmittal _generic_ _2_.pdf			
	AR 2007 NAIC Form List.pdf			
Satisfied -Name:	Cover Letter	Review Status:	Approved	11/06/2007
Comments:				
Attachment:				
	Arkansas.pdf			
Satisfied -Name:	Response Letter	Review Status:	Approved	11/06/2007
Comments:				
Attachment:				
	AR Response.pdf			
Satisfied -Name:	IA089 Ed. 9-04	Review Status:	Approved	11/06/2007
Comments:				
Attachment:				
	IA089F_0904.pdf			
Satisfied -Name:	Rate Pages	Review Status:	Approved	11/06/2007
Comments:				
Attachment:				
	55817 AR 200410.pdf			

SERFF Tracking Number: TRVE-125247463 State: Arkansas
First Filing Company: St. Paul Fire and Marine Insurance Company, ... State Tracking Number: AR-PC-07-025645
Company Tracking Number: 2007-07-0001
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: NAHU Prof Liability Form Filing 2007-07-0001
Project Name/Number: NAHU Prof Liability Form Filing 2007-07-0001/2007-07-0001

Review Status:
Satisfied -Name: Consent Form Approved 11/06/2007
Comments:
Attachment:
49715V_1294.pdf

Review Status:
Satisfied -Name: Response Letter Approved 11/06/2007
Comments:
Attachment:
AR Response2.pdf

Property & Casualty Transmittal Document

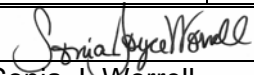
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Group NAIC #
Travelers	3548

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
St. Paul Fire and Marine Insurance Company	MN	24767	41-0406690	
St. Paul Mercury Insurance Company	MN	24791	41-0881659	
St. Paul Guardian Insurance Company	MN	24775	41-0963301	

5. Company Tracking Number	2007-07-0001
-----------------------------------	---------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Sonia J. Worrell One Tower Square, 2SHS Hartford, CT 06183	Regulatory Analyst	860-277-0754	860-277-3937	SWorrell@travelers.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Sonia J. Worrell		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0000 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	Other
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Brokers Professional Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 8/29/07 Renewal: 8/29/07

15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	7/30/07
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2007-07-0001
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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In compliance with the insurance laws and regulations of your state, we submit an enhancement to our Gulf Life and Health Insurance Agents and Brokers Professional Liability program. This filing consists of optional endorsements that are available to all eligible policyholders. These new endorsements do not have any rating impact.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: N/A - EFT

Amount: \$50

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		2007-07-0001		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Limits of Coverage Endt. - With Limitation for Services Performed Prior to the Limits of Coverage Increase Date - Defense Costs Within the Limit of Liability	IA116 Ed. 07-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Limits of Coverage Endorsement – With Limitation for Services Performed Prior to the Limits of Coverage Increase Date – Defense Costs in Addition to the Limits of Liability	IA117 Ed. 07-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Predecessor Firm Endorsement	IA118 Ed. 07-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Specific Entity/Individual Retroactive Date Endorsement	IA119 Ed. 07-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Property/Casualty Retroactive Date Endorsement	IA120 Ed. 07-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Mutual Fund Coverage Retroactive Date Endorsement	IA121 Ed. 07-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Office Space Sharing Exclusion	IA122 Ed. 07-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Prior Acts Change Endorsement	IA123 Ed. 07-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	ARKANSAS AMENDATORY ENDORSEMENT	IA089 Rev. 10-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



One Tower Square, 2SHS
Hartford, CT 06183

Michelle Smith Cotto
Travelers Bond and Financial Products
Phone: (860) 277-2345
FAX: (866) 235-4951
Email: msmithco@travelers.com

July 30, 2007

Honorable Mike Pickens
Arkansas Insurance Dept
1200 West Third Street
Little Rock AR 72201-1904

2007-07-0001

**Forms Filing
Professional Liability**

St. Paul Guardian Insurance Company	24775-3548
St. Paul Fire and Marine Insurance Company	24767-3548
St. Paul Mercury Insurance Company	24791-3548

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our Gulf Life and Health Insurance Agents and Brokers Professional Liability program. This filing consists of eight (8) optional endorsements that are available to all eligible policyholders. These new endorsements do not have any rating impact.

Enclosures and Implementation

The following are enclosed to facilitate your review:

- Form listing and final prints of each form.
- Any applicable state filing forms and fees.

We propose to implement this filing with respect to all new and renewal businesses effective on or after August 29, 2007 or any earlier date allowed by state law. Should you have any questions, please feel free to call me at (860) 277-2345.

Regards,

Michelle Smith Cotto



One Tower Square, 2SHS
Hartford, CT 06183

Michelle Smith Cotto
Bond and Financial Products
Phone: (860) 277-2345
Fax: (866) 235-4951
Email: MSMITHCO@travelers.com

August 24, 2007

Honorable Mike Pickens
Commissioner of Insurance
Arkansas Insurance Dept
1200 West Third Street
Little Rock, AR 72201-1904

SERFF Tracking Number: TRVE-125247463
Company Filing Number: 2007-07-0001
State Tracking Number: AR-PC-07-025645

Thank you for your letter regarding the above-captioned filing. Enclosed please find copies of the state required endorsement, the rate pages for Arkansas, and the consent form.

Thank you for your help with this filing. Please contact me with any questions.

Regards,

Michelle Smith Cotto

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARKANSAS AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

**LIFE AND HEALTH INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY
INSURANCE COVERAGE FORM**

Wherever used in this endorsement: 1) "we", "us", "our", and "Insurer" mean the insurance company which issued this policy; and 2) "you", "your", "named Insured", "First Named Insured", and "Insured" mean the Named Corporation, Named Organization, Named Sponsor, Named Insured, or Insured stated in the declarations page; and 3) "Other Insured(s)" means all other persons or entities afforded coverage under the policy.

Section IV. **SPECIAL PROVISIONS**,
Subsection 5. **OPTIONAL EXTENDED
REPORTING PERIOD**, shall be deleted in its
entirety and replaced with the following:

5. EXTENDED REPORTING PERIOD

If the Company or the **NAMED INSURED** cancels or refuses to renew this policy for any reason including non-payment of premium, the **NAMED INSURED** has the right, upon payment of the additional premium for an extension of the coverage granted by this policy for any **CLAIM** first made against any **INSURED** during the **POLICY PERIOD** as specified in the Declarations, but only with respect to any actual or alleged **WRONGFUL ACT** committed or allegedly committed prior to the end of the **POLICY PERIOD**.

Extension of coverage will run either for 12 months, 24 months or 36 months. Additional premium shall be 100% of the total annual premium for the 12-month extended reporting period, an additional premium of 150% of the total annual premium for the 24-month extended reporting period or 185% of the total annual premium for the 36-month extended reporting period.

If the **NAMED INSURED** is in compliance with the terms and conditions of this policy, then the **NAMED INSURED** shall have the right to an Extended Reporting Period as follows:

- (a) Automatic Extended Reporting Period

The **NAMED INSURED** shall have the right to an extension of the coverage granted by this policy for any **CLAIM** first made against any Insured during the period of sixty (60) days following the end of the **POLICY PERIOD**, but only with respect to any actual or alleged **WRONGFUL ACT** committed or allegedly committed prior to the end of the **POLICY PERIOD**.

- (b) Supplemental Extended Reporting Period

Upon payment of the additional premium and any other premium due, the **NAMED INSURED** shall have the right to an extension of the coverage granted by this policy for any **CLAIM** first made during **POLICY PERIOD**, but only with respect to any actual or alleged **WRONGFUL ACT** committed or allegedly committed prior to the end of the **POLICY PERIOD**.

The Supplemental Extended Reporting Period shall run following the end of the Automatic Discovery Period and only one aggregate Limit of Liability shall apply for the Supplemental Extended Reporting Period and the Automatic Extended Reporting Period combined.

As a condition precedent to the right to purchase the Supplemental Extended Reporting Period, the total premium for this policy must have been paid. The right to purchase the Supplemental Extended Reporting Period shall terminate unless written notice of the

LIFE AND HEALTH INSURANCE AGENTS OR BROKERS PROFESSIONAL LIABILITY

election of the Supplemental Extended Reporting Period is received by the Company by certified mail, prepaid express courier or facsimile within thirty (30) days after the end of the **POLICY PERIOD**, together with full payment of the premium for the Supplemental Extended Reporting Period. In the event that such notice and premium payment are not so given to the Company, there shall be no right to purchase the Supplemental Reporting Period at any later date.

If the Supplemental Extended Reporting Period is purchased, the entire premium for the Supplemental Extended Reporting Period shall be deemed earned at its commencement.

If the Supplemental Extended Reporting Period is purchased, the Limit of Liability shall be no less than the greater amount of coverage remaining of the expiring policy limit or reinstated to fifty percent (50%) of the aggregate Limit of Liability as shown on the Declarations Page, whichever is greater.

In the event of cancellation or nonrenewal by the Company for the nonpayment of premium or other monies due to the Company, any

monies received by the Company as payment for the Supplemental Extended Reporting Period shall be first applied to such premium owing for the policy. The Supplemental Extended Reporting Period will not take effect until the premium owing for the policy is paid in full and unless the premium owing for the Supplemental Extended Reporting Period is paid promptly when due.

Section **V. GENERAL CONDITIONS**, Subsection **4. ARBITRATION**, is deleted in its entirety and replaced with the following:

4. ARBITRATION

Any dispute between the **INSURED** and the Company concerning the terms and conditions of this policy may be resolved by non-binding arbitration, upon mutual agreement of both parties, in accordance with the rules then in effect of the American Arbitration Association. If the dispute shall be resolved by arbitration then the **INSURED** and the Company shall each bear their own costs of the arbitration and shall share equally the costs of the arbitrator.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.



St. Paul Travelers 1st Choicesm for NAHU Agents and Brokers

St. Paul Fire and Marine Insurance Company

St. Paul Mercury Insurance Company

St. Paul Guardian Insurance Company

Claims-Made

BASE RATES

Arkansas

Filing Number: 2004-06-0017

PRIMARY RATING PLAN

Coverage	Units	Limits			
		\$100K/300K	\$250K/750K	\$500K/1.5M	\$1M/3M
Live / Health	1	\$315	\$470	\$550	\$625
	2+	\$250	\$375	\$440	\$500
Property / Casualty	1	\$440	\$520	\$600	\$680
	2+	\$360	\$440	\$520	\$600
Mutual Funds	1+	\$60	\$80	\$120	\$160

Note: A unit is equal to revenues divided by \$100,000. In order to select a limit of \$100,000/\$300,000, the agency must have revenues less than \$75,000. Minimum limits of liability available for defense costs within the limits of coverage is \$1,000,000. For limited defense costs in addition of the limits of liability, debit the base premium by 20%.



St. Paul Travelers 1st Choicesm for NAHU Agents and Brokers

St. Paul Fire and Marine Insurance Company

St. Paul Mercury Insurance Company

St. Paul Guardian Insurance Company

Claims-Made
BASE RATES

Arkansas

Filing Number: 2004-06-0017

DEDUCTIBLE FACTORS

Deductible	Factor
\$1,000	1.05
\$2,500	1.00
\$5,000	0.95
\$7,500	0.90
\$10,000	0.80
\$15,000	0.70
\$25,000	0.65
\$50,000	0.55
\$100,000	0.45
\$200,000	0.40
\$250,000	0.30

Note: The \$1,000 deductible factor is 1.00 for the \$100,000/\$300,000 limit. It is only available to those agencies whose revenues are less than \$75,000.



St. Paul Travelers 1st Choicesm for NAHU Agents and Brokers

St. Paul Fire and Marine Insurance Company

St. Paul Mercury Insurance Company

St. Paul Guardian Insurance Company

Claims-Made
BASE RATES

Arkansas

Filing Number: 2004-06-0017

SCHEDULED RATING

Area of Practice	+/- 5%
Size of Agency	+/- 5%
Quality of Management	+/- 15%
Association	+/- 10%



St. Paul Travelers 1st Choicesm for NAHU Agents and Brokers

St. Paul Fire and Marine Insurance Company

St. Paul Mercury Insurance Company

St. Paul Guardian Insurance Company

Claims-Made
BASE RATES

Arkansas

Filing Number: 2004-06-0017

SECONDARY RATING

When the ratio of commission income from Life & Health Products to all commission income is greater than 80%, a credit of 10% will be allowed.

LOSS CONTROL CREDIT

If the Insured meets any of the eligible criteria by the effective date of their policy, a credit will be applied. For each of the criteria listed below, a 5% credit will be applied, subject to a maximum of 10%. These criteria must be met every year for the credit to be continued.

There is no minimum premium threshold for an account to be eligible for this credit. The credit will be applied after the application of any scheduled rating modifiers.

1. AN ACCEPTABLE OFFICE PROCEDURES MANUAL

This manual should be tailored for the agency and readily available to all employees. It should address the procedures for handling new and renewal business, endorsements and cancellations, binders, handling of mail and claims, etc.

The Manual should also contain:

- Expectations for documentation
- Description of agency diary process and expectations
- Job descriptions/Responsibility of each employee
- Agency guidelines for carrier ratings
- Company information
- Statement of the agency towards training and education
- Role of the computer in the agency

2. AT LEAST 75% OF THE AGENCY STAFF WITH RECOGNIZED DESIGNATIONS (CPSR, CISR, ACSR, CIC, CLU, OR OTHER RECOGNIZED DESIGNATIONS)

The program is designed to focus in on the education of the agency.

3. ATTEND AN APPROVED E&O SEMINAR WITHIN THE LAST 12 MONTHS.

Seminars sponsored by PIA/IIAA/NAHU & NAIFA are considered acceptable provided the content focuses on the Life & Health Insurance industry.

Required Staff:

- 1 - 10 Staff Size - Principal / Office Manager and 1 CSR
- 11 - 20 Staff - Principal / Office Manager and 2 CSR
- 21+ - 20% of the Staff

S

St. Paul Travelers 1st Choicesm for NAHU Agents and Brokers

Claims-Made
BASE RATES

St. Paul Fire and Marine Insurance Company

St. Paul Mercury Insurance Company

St. Paul Guardian Insurance Company

Arkansas

Filing Number: 2004-06-0017

COMPANY DEVIATION

St. Paul Guardian Insurance Company	1.25
St. Paul Fire & Marine insurance Company	1.00
St. Paul Mercury Insurance Company	0.75

**CONSENT FORM CONCERNING DEFENSE EXPENSES
WITHIN POLICY LIMITS – ARKANSAS**

The Policy listed below has limits of coverage which may be reduced or completely eliminated by payments for defense and claims expenses. This notice does not change or alter any provision of your policy. If you have any questions concerning this notice or any part of your policy, please contact your agent.

Policy Number:

Effective Date:

Insured:

By signing below, you acknowledge that you have read the above notice and received a copy for your records.

Insured

Date Signed



One Tower Square, 2S2
Hartford, CT 06183

Michelle Smith Cotto
Bond and Financial Products
Phone: (860) 277-2345
Fax: (866) 235-4951
Email: MSMITHCO@travelers.com

October 16, 2007

Arkansas Insurance Dept
Attention: Edith Roberts
1200 West Third Street
Little Rock, AR 72201-1904

SERFF Tracking Number: TRVE-125247463
Company Filing Number: 2007-07-0001
State Tracking Number: AR-PC-07-025645

Thank you for your letter regarding the above-captioned filing.

Attached is our revised Arkansas Amendatory Endorsement, IA089 Rev. 10-07. We've revised this endorsement to remove the language regarding the ERP premium being first applied to any unpaid policy premium. Please note Rev. 10-07 will replace the current Ed. 9-04.

Thank you for your help with this filing. Please contact me with any questions.

Regards,

Michelle Smith Cotto

SERFF Tracking Number: TRVE-125247463 State: Arkansas

First Filing Company: St. Paul Fire and Marine Insurance Company, ... State Tracking Number: AR-PC-07-025645

Company Tracking Number: 2007-07-0001

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations

Product Name: NAHU Prof Liability Form Filing 2007-07-0001

Project Name/Number: NAHU Prof Liability Form Filing 2007-07-0001/2007-07-0001

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Uniform Transmittal Document-Property & Casualty	07/30/2007	2007 PC NAIC Transmittal _generic_ _2_.pdf Countrywide Except LA-VA-VT.pdf

Property & Casualty Transmittal Document

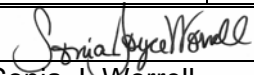
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Group NAIC #
Travelers	3548

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
St. Paul Fire and Marine Insurance Company	MN	24767	41-0406690	
St. Paul Mercury Insurance Company	MN	24791	41-0881659	
St. Paul Guardian Insurance Company	MN	24775	41-0963301	

5. Company Tracking Number	2007-07-0001
-----------------------------------	--------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Sonia J. Worrell One Tower Square, 2SHS Hartford, CT 06183	Regulatory Analyst	860-277-0754	860-277-3937	SWorrell@travelers.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Sonia J. Worrell		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0000 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	Other
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Brokers Professional Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 8/29/07 Renewal: 8/29/07

15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	7/30/07
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2007-07-0001
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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In compliance with the insurance laws and regulations of your state, we submit an enhancement to our Gulf Life and Health Insurance Agents and Brokers Professional Liability program. This filing consists of optional endorsements that are available to all eligible policyholders. These new endorsements do not have any rating impact.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: N/A - EFT

Amount: \$50

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		2007-07-0001		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Limits of Coverage Endt. - With Limitation for Services Performed Prior to the Limits of Coverage Increase Date - Defense Costs Within the Limit of Liability	IA116 Ed. 07-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Limits of Coverage Endorsement – With Limitation for Services Performed Prior to the Limits of Coverage Increase Date – Defense Costs in Addition to the Limits of Liability	IA117 Ed. 07-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Predecessor Firm Endorsement	IA118 Ed. 07-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Specific Entity/Individual Retroactive Date Endorsement	IA119 Ed. 07-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Property/Casualty Retroactive Date Endorsement	IA120 Ed. 07-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Mutual Fund Coverage Retroactive Date Endorsement	IA121 Ed. 07-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Office Space Sharing Exclusion	IA122 Ed. 07-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Prior Acts Change Endorsement	IA123 Ed. 07-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		